ISSUE SLIP STAPLE AREA (for additional cross references)

	POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION				
O.I.P.E. CLASSIFIER				
FORMALITY REVIEW		*(signature)*	*(60080)*	9/10/99 13/1/99

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
—	(Through numeral) Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim		Date	Claim		Date	Claim		Date
Final	Original		Final	Original		Final	Original	
1	1			51			110	
2	2			52			112	
3	3			53			113	
4	4			54			114	
5	5			55			115	
6	6			56			116	
7	7			57			117	
8	8			58			118	
9	9			59			119	
10	10			60			110	
11	11			61			111	
12	12			62			112	
13	13			63			113	
14	14			64			114	
15	15			65			115	
16	16			66			116	
17	17			67			117	
18	18			68			118	
19	19			69			119	
20	20			70			120	
21	21			71			121	
22	22			72			122	
23	23			73			123	
24	24			74			124	
25	25			75			125	
26	26			76			126	
27	27			77			127	
28	28			78			128	
29	29			79			129	
30	30			70			130	
31	31			81			131	
32	32			82			132	
33	33			83			133	
34	34			84			134	
35	35			85			135	
36	36			86			136	
37	37			87			137	
38	38			88			138	
	39			89			139	
	40			90			140	
	41			91			141	
	42			92			142	
	43			93			143	
	44			94			144	
	45			95			145	
	46			96			146	
	47			97			147	
	48			98			148	
	49			99			149	
	50			100			150	

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)